



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

DIVISION OF AGRICULTURE

235 Promenade Street, Room 370
Providence, Rhode Island 02908

DEM Use Only:
Number: _____ / _____
Approved By: _____
Date: _____

REGISTRATION APPLICATION FOR A MUNICIPAL POUND (Municipal Shelter)

New Facility **Renewal** *Fill form out completely even if renewal*

NOTE: Incomplete Applications will be rejected and returned for completion. Type or print legibly.

Municipality (Town/City): _____

Address: _____

Town / City: _____ **Zip Code:** _____

Telephone: _____ **FAX:** _____

Email: _____ **Website:** _____

Mail Address (if diff. from above): _____

Town / City: _____ **Zip Code:** _____

Supervising / Sr. ACO: _____ **Phone:** _____

Animal Control Supervisor (i.e. Chief of Police or Town / City Manager / Administrator, etc.)

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

FACILITY INFORMATION:

Name of Facility Used: _____

Street Address of Facility: _____

Town / City: _____ **Zip Code:** _____

Telephone of Facility: _____ **FAX:** _____

Email: _____ **Website:** _____

Mail Address (if diff. from facility location): _____

Town / City: _____ **Zip Code:** _____

Pound / Facility Manager/Keeper

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Pound / Facility Business Hours:

Sunday: _____ to _____
Monday: _____ to _____
Tuesday: _____ to _____
Wednesday: _____ to _____

Thursday: _____ to _____
Friday: _____ to _____
Saturday: _____ to _____

After Hours Telephone / Emergency Contact: _____

NAME, TITLE and CONTACT INFO for ALL Animal Control Officers.

NAME	TITLE	CONTACT #

List all other employees and/or volunteers
Use additional pages if needed

NAME	TITLE

ATTENDING VETERINARIAN(S):

List all Veterinarians which care for animals in your facility. Use additional pages if needed.

Name: _____ Hospital name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____ Hospital name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

Name: _____ Hospital name: _____

Hospital Address: _____

Telephone: _____ FAX: _____

TYPES OF ANIMALS HOUSED

	# ANIMALS (Housed last year)	# PERMANENT CAGES (Capacity of Facility)	# RUNS
DOGS	_____	_____	_____
CATS	_____	_____	_____
OTHER _____	_____	_____	_____

QUARANTINE RUNS / CAGES: List number and type (Dog / Cat / etc.)

ISOLATION ROOMS / RUNS / CAGES: List number and type (Dog / Cat / etc.)

Does POUND “foster out” Animals? YES NO

If yes, please provide names, addresses and phone numbers of those individuals who will provide foster care for POUND animals. Foster homes are considered “subregistrants” and are subject to inspection when disease or animal welfare concerns are reported. Also include foster care provider’s affiliations with any rescue groups or leagues. (Use additional pages if necessary)

Name	Address	Phone #	Affiliation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTACH A DETAILED FLOOR PLAN OF ANIMAL FACILITY

This diagram should include ALL the following:

- | | |
|---|--|
| Main Entrance | Interior and exterior doors |
| Front desk or reception area | Windows and vents |
| Location of spay/neuter logs | Heating and/or cooling system |
| Location of Dog/Cat Intake/Disposition logs | Medical treatment room(s) (if applicable) |
| Indoor and outdoor runs or cages | Lighting |
| Isolation or quarantine cages/runs/rooms | Drainage systems |
| Refrigerator and/or freezer | Location of sprinklers or fire extinguishers |
| Food storage | Posted emergency evacuation plan or map |
| Waste receptacles (covered) | |

Is Facility equipped with a microchip scanner? YES NO

Can Facility temporarily house additional animals in an Emergency or Disaster? YES NO

How Many? DOGS: _____ CATS: _____ OTHER: _____

FORMS *Download and print forms as needed*

NOTICE TO NEW OWNERS OF RABIES VACCINATION “Rabies Log” per 4-13-31

<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabieslog.pdf>

FERRET LOG (To notify adopting party of Spay/Neuter / Rabies Vaccination / Permit requirement) per 4-13-31 and Fish and Wildlife: [Ferret Regulations \(7/17/97\)](#)

<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/ferretlog.pdf>

REGULATIONS / RABIES PROTOCOL

NEW! [Rules and Regulations Governing Animal Care Facilities \(10/8/15\)](#)

The State of Rhode Island Manual for Rabies Management and Protocols (February 2013)

<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/rabiesprot2013.pdf>

RULES & REGULATIONS GOVERNING THE PREVENTION, CONTROL AND SUPPRESSION OF RABIES WITHIN THE STATE OF RHODE ISLAND (Updated February 2014)

<http://www.dem.ri.gov/pubs/regs/regs/agric/rabies14.pdf>

RULES & REGULATIONS GOVERNING THE IMPORTATION OF ANIMALS (Updated October 2015)

For Licensed Releasing Agencies that import animals for adoption, foster, etc.:

<http://www.dem.ri.gov/pubs/regs/regs/agric/animimp15.pdf>

FISH AND WILDLIFE / R.I. FERRET REGULATIONS

[Ferret Regulations \(7/17/97\)](#)

RI GENERAL LAWS

State of Rhode Island General Laws / TITLE 4 - Animals and Animal Husbandry

<http://www.rilin.state.ri.us/Statutes/TITLE4/INDEX.HTM>

Relevant Chapters:

- [CHAPTER 4-1 Cruelty to Animals](#)
- [CHAPTER 4-4 Animal Diseases in General](#)
- [CHAPTER 4-13 Dogs](#)
- [CHAPTER 4-13.1 Regulation of Vicious Dogs](#)
- [CHAPTER 4-19 Animal Care](#)
- [CHAPTER 4-22 Cat Identification Program](#)
- [CHAPTER 4-24 Permit Program for Cats](#)
- [CHAPTER 4-25 Pet Warranties – Dogs](#)

After application is reviewed and approved, if not already on the system, Registrants will be provided instructions to be set up to have access to the online RI DEM Animal Shelter System (which replaced the Monthly Log form).

NOTE: Municipal Pound Licenses expire December 31st. It is the responsibility of the licensee to renew annually. No reminder will be sent.

Any change in the maximum number of animals, housing of animals, types of animals, configuration of facility, etc, will require an amendment that must be approved by Animal Health prior to the change being executed.

Please Note:

- * No annual fee required*
- * Use reverse side or additional paper to neatly list any additional information*
- * Complete form in its entirety (incomplete Applications will be returned until completed)*
- * Call DEM / Div. Of Agriculture /Animal Health Section with inquiries @ 401-222-2781 x4515*
- * Fax completed application to 401-222-6047 or*
- * Scan and email completed application to marisa.coates@dem.ri.gov or*
- * Sign, date and mail completed application to:*

**RI Department of Environmental Management
Division of Agriculture / Animal Health Section
235 Promenade St. / Rm. 370
Providence, RI 02908-5767**

Signature below indicates knowledge and understanding of laws, regulations and forms listed above. Animal Control Supervisor is responsible for employees being informed of and understanding laws regulations and forms listed above.

Signature of Senior Animal Control Officer: _____

Title: _____ **Date:** _____

Signature of Facility Manager/Pound Keeper: _____

Title: _____ **Date:** _____

Signature of Animal Control Supervisor (i.e. Chief of Police or Town / City Manager / Administrator, etc.): _____

Title: _____ **Date:** _____